

Date

## DECLARATION OF TRANSFER TO A LOCKED-IN RETIREMENT ACCOUNT ("LIRA")

| N                         | ame of Per   | nsion Plan   |                                     | Halifax Regional Munici   | pality Pension Plan                                  |  | ,                          |  |
|---------------------------|--|--|-------------------------------------|---|--|--|----------------------------|--|
| CRA Registration Number : |  |  |                                     | 0238063   |  |  |                            |  |
| LI                        | RA Accour  | nt Number:   |                                     |   |  |  |                            |  |
| S                         | ocial Insura   | ance Number:   |                                     |   |  |  |                            |  |
| Sch<br>inte               | nedule 3 of terest and in  | he Regulations<br>vestment earni   | to the Nova S<br>ngs, if any) be    | LIRA [a Registered Retirems<br>cotia Pension Benefits Act (the<br>eing transferred on a locked-i<br>the following conditions shall fo | e "Regulations")], to receive basis from a Pension I | ve funds in the amou<br>Plan governed by the | unt of \$_(plus additional |  |
| The "Applicant"           |  |  |                                     | and   |  |  |                            |  |
|                           | The '  | 'Carrier"  |                                     |   |  | which establishes the                        | LIRA.                      |  |
| a)                        | No money   | in the LIRA, wi  | ll be withdrawn                     | except,   |  |  |                            |  |
|                           | `  |  |                                     | the money to the pension fund   |  |  |                            |  |
|                           | (ii)   |  | rrity, to transfe<br>the Regulation | er the money to another pres  | scribed retirement saving                            | s arrangement that                           | meets the requirements     |  |
|                           | (iii)  | ·  |                                     |   |  |  |                            |  |
| b)                        | of the Ac  | Money in the LIRA, will not be assigned, charged, anticipated or given as security except as permitted by subsection 88(3) or 9 of the Act and any transaction purporting to assign, charge, anticipate or give as security money transferred, except as permitted by subsection 88(3) or 90 of the Act, is void.                          |                                     |   |  |  |                            |  |
| c)                        | Money in the LIRA will be exempt from execution, seizure or attachment except as permitted by Section 90 of the Act. |  |                                     |   |  |  |                            |  |
| d)                        | interest or  | Except as permitted in section 69, 90, and 91(5) of the Act or Section 231, 232 and 233 of the Regulations, no money transferred, including interest or investment earnings, will be commuted or surrendered during the lifetime of the Applicant and any transaction that purports to surrender or commute the money in the LIRA is void. |                                     |   |  |  |                            |  |
| e)                        | The Carrie<br>(i)<br>(ii)  |  |                                     |   |  |  |                            |  |
| f)                        |  | Carrier will advise in writing any subsequent Carrier that the amount transferred must be administered as a pension or deferred pension or the Act and the Regulations.  |                                     |   |  |  |                            |  |
| g)                        | On the de  | On the death of the Applicant of the registered retirement savings arrangement, the spouse or common-law partner, or if there is no spouse or common-law partner, the beneficiary or the estate of the Applicant, shall be entitled to the full value of the LIRA.   |                                     |   |  |  |                            |  |
| Da                        | ate  |  | Signature of                        | f Officer of Carrier  | Name (please   | print)                                       |                            |  |
| Ac                        | ddress and p   | phone number of  | of Carrier                          |   |  |  |                            |  |
| Date Signature of         |  |  | Signature of                        | f Applicant   |  |  |                            |  |
|                           |  | N BY APPLICA   |                                     |   | ing the state of                                     |  |                            |  |
|                           | raive the riginada.  | nt to demand a   | any amendmer                        | nt to my LIRA which would di  | squalify it for the purpose                          | of registration unde                         | er the Income Tax Act of   |  |
|                           | ate  |  | Signature of                        | f Applicant   |  |  |                            |  |
| SIC<br>The                | SNATURE C  |  | ADMINISTRAT<br>ension benefit       | OR (to be completed by the light which is the subject of the trans  |  |  | is which did not           |  |
|                           |  |  |                                     |   |  |  |                            |  |

UNLESS THIS FORM IS FULLY COMPLETED, NO TRANSFER OF FUNDS WILL OCCUR ORIGINAL SIGNED FORM MUST BE SUBMITTED BEFORE PAYMENT IS PROCESSED

Signature of Plan Administrator

Name (please print)